

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031709

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

73

Primary Registration District No.

3016

Registrar's No.

81

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Cameron

Length of stay in lb

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Cameron Comm Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clinton

c. CITY
OR
TOWN

Cameron

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

Beatty Ap'ts W 3rd st.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MyrtleMiddle
HayLast
Gorrell4. DATE
OF
DEATHMonth
Aug. 31 1963Day
Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb. 10 1877 86yrs

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeper

11. BIRTHPLACE (City and state or country)

Clinton Co.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Hiram Gorrell

13b. MOTHER'S MAIDEN NAME

Elizabeth Jones

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

No.

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Ellen Chapman Wichita Falls Texas

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Myocardial Insufficiency
Arteriosclerotic Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATH

6 mos

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Carcinoma of Breasts

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-11-63 to Aug 31, 1963 and last saw her alive on Aug 31, 1963
Death occurred at 5:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

[Signature]

22b. ADDRESS

Cameron, Mo.

22c. DATE SIGNED

9-4-63

23a. BURIAL, CREMATION,
or other disposition

23b. DATE

Sept. 3 1963

23c. NAME OF CEMETERY OR CREMATORY

Evergreen

23d. LOCATION (City, town, or county)

Cameron, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Poland Funeral Home Cameron Mo.

25. DATE RECD. BY LOCAL REG.

9-4-36

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

9-2-63 to DA
9-4-63. from DA.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 4777
222 west 3rd St
P. O. Address Camden, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.